

# CONFIDENTIAL

## Law Enforcement Service Information Sheet for DOMESTIC VIOLENCE PROTECTION ORDERS

**INSTRUCTIONS:** Please provide as much information as you can on this sheet. **YOU MUST FILL IN EACH BLANK IN THE SHADED AREAS.** If you do not, law enforcement will not serve your domestic violence order on the person who has abused you and the form will be returned to the court clerk.

### Information About You:

Last Name:		First:		Middle Initial:
Date of Birth:	Race:	Male [ ] Female [ ]	Social Security No.	
Present Address:		City:	State:	Zip:
Home Phone No.		Another Phone No. Where Message Can Be Left:		
Where Do You Work:			Work Phone No:	
Name of Relative or Friend Not Living With You:			Their Phone No:	

**Information About Person Who Abused You:** (If you are seeking a domestic violence protection order against more than one person, fill out this portion for each person.)

Last Name:		First:		Middle Initial:
Date of Birth:	Race:	Male [ ] Female [ ]	Social Security No.	
Present Address:		City:	State:	Zip:
Home Phone No.		Another Phone No. Where Message Can Be Left:		
Employer/Company Name:		Phone No:	Work Days/Hours:	
Business Address:		City:	State:	Zip:
Name of Relative or Friend:			Their Phone No.	
Make & Model of Car:		Color:	Year:	
License Plate No:		State of License Plate:		

### What Does This Person Look Like:

Height:	Weight:	Hair Color:	Eye Color:
Describe Any Scars or Tattoos:			

### Additional Important Information:

Has This Person Been Convicted of a Crime? YES [ ] NO [ ]	If YES, for What?
Do You Consider This Person Dangerous? YES [ ] NO [ ]	Does This Person Have Any Weapons? YES [ ] NO [ ]
Places Where This Person Can Be Found:	

**Directions must be drawn if a street number is not available. A route or box number is not enough. Without sufficient address information, service of this order may be delayed or may not be possible.**